

CITY OF AKRON PURCHASING VENDOR PROFILE

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO THE PURCHASING DEPARTMENT BEFORE A PURCHASE ORDER CAN BE ISSUED.

VENDOR NAME:

TAX ID/VENDOR NUMBER:

PURCHASE ORDER INFORMATION

ADDRESS:

LINE 2

LINE 3

CITY:

STATE:

ZIP CODE:

CONTACT:

PHONE:

FAX:

E-MAIL:

WEBSITE:

COMMODITY/SERVICE OFFERED:

PLEASE MAIL, FAX, OR E-MAIL THIS COMPLETED FORM ONLY TO:

CITY OF AKRON PURCHASING DIVISION

166 S. HIGH STREET, ROOM 501

AKRON, OHIO 44308

PHONE: (330) 375-2060 FAX: (330) 375-2213

E-MAIL: kherron@akronohio.gov